

# Hepatitis C Referral Form

Referral for Medication and Patient Management Program

Phone: 877 385 0535 Fax: 877 326 2856



V.08.08.17.A

## Patient Demographics

Name: \_\_\_\_\_  M  F  
DOB: \_\_\_\_\_ SS#: \_\_\_\_\_  
Phone: \_\_\_\_\_ 2<sup>nd</sup> Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Primary language, if other than English: \_\_\_\_\_

Patient weight: \_\_\_\_\_ Allergies: \_\_\_\_\_

**\*\*Please fax a copy of the patient's insurance card(s)\*\***

## Provider Information

Prescriber: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

NPI: \_\_\_\_\_ Office contact: \_\_\_\_\_

This is a:  New Rx  Refill  
Training by:  Prescriber's office  Pharmacy to facilitate  Not needed  
Deliver first fill to:  Prescriber's office  Patient  Other: \_\_\_\_\_

## Clinical Information

### Diagnosis:

Chronic HCV (B18.2)  Other: \_\_\_\_\_

Genotype:  1a  1b  2  3  4  5  6

HCV-RNA Viral load: \_\_\_\_\_

Previous treatment:  Yes  No

If yes, please describe: \_\_\_\_\_

HBV infection ruled out?  Yes  No

Decompensated liver disease:  Yes  No

Cirrhosis:  Yes  No

Metavir score:  F0  F1  F2  F3  F4

Other marker(s) of liver fibrosis: \_\_\_\_\_

Child-Pugh Class:  A  B  C

**\*Please fax latest H&P, CBC, CMP, genotype, viral load, and liver biopsy/fibrosis assessment**

### Medical history (please check all that apply):

HIV co-infection

History of renal failure

Re-infection post liver transplant

Resistance Testing Performed:  Yes  No

NS5A polymorphism at position:

28  30  31  93  Other \_\_\_\_  None

NS3 Q80K polymorphism:  Yes  No

## Prescription Information

Medication	Directions	Quantity	Refills
<input type="checkbox"/> Daklinza 60mg (daclatasvir) Indicated for use in combination with Sovaldi (sofosbuvir). Dose adjustments may be recommended if drug interactions are present (also available as a 30mg tablet).	Take 1 tablet PO once daily.	4 week supply	
<input type="checkbox"/> Epclusa 100mg/400mg (velpatasvir/sofosbuvir)	Take 1 tablet PO once daily.	4 week supply	
<input type="checkbox"/> Harvoni 90mg/400mg (ledipasvir/sofosbuvir)	Take 1 tablet PO once daily.	4 week supply	
<input type="checkbox"/> Mavyret 100mg/40mg (glecaprevir/pilbrentasvir)	Take 3 tablets (300mg/120mg) PO once daily with food.	4 week supply	
<input type="checkbox"/> Olysio 150mg (simeprevir) Consider NS3/4 Q80K polymorphism screening for GT1a prior to therapy.	Take 1 capsule PO once daily with food.	4 week supply	
<input type="checkbox"/> Ribavirin Dispense: <input type="checkbox"/> Generic <input type="checkbox"/> Moderiba <input type="checkbox"/> RibaPak	Patient weight: <input type="checkbox"/> <75kg: Take 600mg PO QAM and 400mg PO QPM. <input type="checkbox"/> ≥75kg: Take 600mg PO BID.	4 week supply	
<input type="checkbox"/> Sovaldi 400mg (sofosbuvir)	Take 1 tablet PO once daily.	4 week supply	
<input type="checkbox"/> Technivie (ombitasvir/paritaprevir/ritonavir) Indicated for use in combination with weight-based ribavirin.	Take 2 tablets PO once daily with food.	4 week supply	
<input type="checkbox"/> Viekira Pak <input type="checkbox"/> Viekira XR (ombitasvir/paritaprevir/ritonavir/dasabuvir) The addition of ribavirin may be required for patients with genotype 1a or for patients with genotype 1b and cirrhosis.	Take as directed on package.	4 week supply	
<input type="checkbox"/> Vosevi 400mg/100mg/100mg (sofosbuvir/velpatasvir/voxilaprevir)	Take one tablet PO once daily with food.	4 week supply	
<input type="checkbox"/> Zepatier 50mg/100mg (elbasvir/grazoprevir) Baseline NS5A resistance testing is recommended for patients with genotype 1a. The addition of ribavirin may be required for some patient populations.	Take 1 tablet PO once daily.	4 week supply	

## Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_

My signature for this prescription also authorizes OptiMed Specialty Pharmacy and its representatives to act as an agent of mine to initiate and execute the patient's insurance prior authorization process. Confidentiality statement: This message is intended only for the individual or institution to which it is addressed. This may contain information, which is confidential, privileged, and/or proprietary. This information may be exempt from disclosure under applicable laws including but not limited to HIPAA. If you are not the intended recipient, please note you are strictly prohibited from distributing, copying, or disseminating this information. If you received this information in error please notify the sender noted above and destroy all transmitted material.